

1. TO BE COMPLETED BY STUDENT

**Indicates required field*

Term* Summer 20____ Fall 20____ Winter 20____ Spring 20____ Date_____

Student ID*_____ Birthdate*_____

Name* _____
First MI Last

Mailing Address* _____
Street City State Zip

Phone* _____ Email* _____

I have petitioned to graduate: Yes No

I am currently enrolled in other classes this term: Yes No

I am requesting to register for the following course by special arrangement with the instructor:

Course Number*_____ -99 Course Title*_____

Credits*_____ Instructor Name*_____

Reason for request: _____

*Student Signature**

Payment is due at the time of registration. By signing this form, you agree to all CCC policies and procedures including financial liability. If you fail to pay on time and CCC refers your account(s) to a third party for collection, a collection fee of up to 25% of the debt or the maximum percentage allowed by applicable law will be added to your balance due. CCC will add these fees to your balance due, and they will be due and owing no earlier than 60 days after the date your payment is due and prior to referring your account to a collection agency. You will be held academically and financially responsible for all classes. Please review the current class schedule for important deadlines.

2. TO BE COMPLETED BY ADVISOR, INSTRUCTOR, DEPARTMENT CHAIR, AND DEAN

I approve of this student to take this course by special arrangement.

*Advisor Signature**

*Instructor Signature**

*Department Chair Signature**

*Dean Signature**

OFFICE USE ONLY

Submit completed form to:

EMAIL: registration@clackamas.edu

FAX: 503-722-5864

IN PERSON: Registration & Records, Roger Rook Hall

MAIL: Clackamas Community College, Registration & Records,
19600 Molalla Ave, Oregon City, OR 97045